

STATE OF CALIFORNIA

DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION - MEDICAL UNIT
P. O. Box 71010
Oakland, CA 94612
(510) 286-3700 or (800) 794-6900

QME/AME REPORT TIME FRAME EXTENSION REQUEST

(Send to DWC Medical Unit 5 or more days before report is due.)

- ☐ **Request for 30 day extension**
Reason ____ Lab or test results not received. Type of test: _____
____ Report of consulting physician not received.
Specialist type: _____
- ☐ **Request for 15 day extension**
Reason ____ Medical emergency of the evaluator or evaluator family member.
____ Death in evaluator's family.
____ Natural disaster/other community catastrophe interrupted office.
- ☐ **Request extension for supplemental report (maximum 30 days)**

Date of Physical Evaluation: _____ Date Report will be served: _____

Employee's Name _____ Date of Injury _____

Claims Administrator _____ Claim No. _____ Panel No. _____

QME Name _____ CA Lic. No. _____
(PRINT/TYPE)

QME Signature _____ Date _____

Street Address _____ City/Zip _____

Telephone _____ Fax _____

File this form with the Division of Workers' Compensation-Medical Unit 5 days before your report is due to be served on the parties and send a copy of this form to the employee and claims administrator. The QME may not be entitled to payment for evaluations which are not submitted in a timely manner (Labor Code § 4062.5). Review 8 Cal. Code Regs. § 38(h) regarding extension of time for supplemental report. If you need further information, please call us at (510) 286-3700 or 1-800-794-6900.

FOR DWC USE ONLY

() Extension approved () Extension denied and notice mailed to evaluator and parties

Medical Director: _____ Date _____